



## City of Riverside

Title II of the American with Disabilities Act  
Section 504 of the Rehabilitation Act of 1973



### REQUEST FOR ACCOMMODATION OR BARRIER REMOVAL

*Please type or print legibly.*

Name of person making request: \_\_\_\_\_ Date of request: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

If person needing accommodation is not the individual completing this form, please enter: Name:

\_\_\_\_\_ Telephone Number: \_\_\_\_\_ Other

Contact Information: \_\_\_\_\_ Check

one: ☐ Accommodation ☐ Barrier Removal Accommodation needed or location of barrier:

\_\_\_\_\_

Brief statement of why the accommodation is needed or the barrier removed: \_\_\_\_\_

\_\_\_\_\_

Date accommodation is needed: \_\_\_\_\_. If a date is not indicated, response will be provided in two weeks.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please give the completed form to the department where accommodation is needed or send to:

ADA Coordinator  
City of Riverside – City Hall  
3900 Main Street, Riverside, CA 92522  
(951) 826-5427 FAX – (951) 826-2409  
mwgordon@riversideca.gov  
TDD (951) 826-5439

For more information or assistance in completing the form, please contact the ADA Coordinator.